



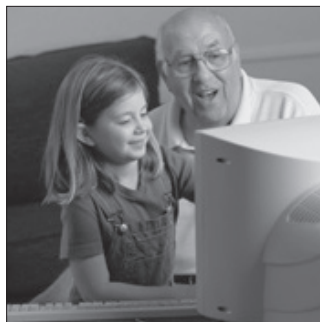
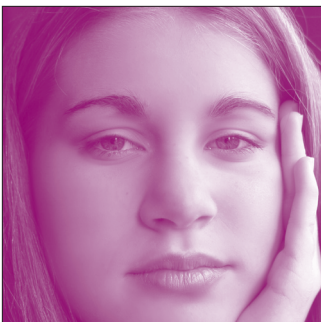
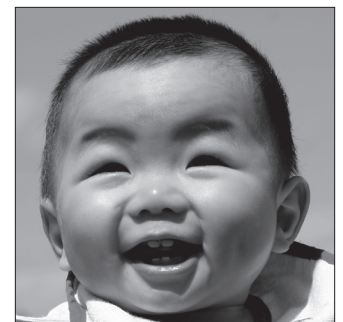
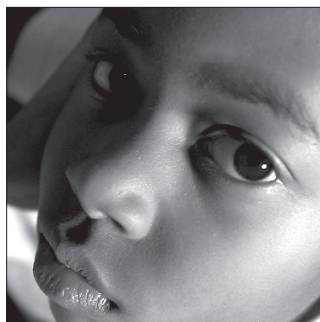
Illinois Children's Mental Health Partnership

Guidelines for School-Community Partnerships **Addressing the Unmet Mental Health Needs of School Age Children**



Barbara Shaw, *Chair*
School Age Committee

Maria McCabe and
Peter Tracy, *Co-Chairs*



Lasting educational success can only happen when a well woven net of services has been created to support the varied gamma of needs that our children present in the school setting. The Illinois State Board of Education values the leadership of the Illinois Children’s Mental Health Partnership in developing these “Guidelines for School-Community Partnerships”. It is thanks to these collaborative efforts that all benefit from the diversity of expertise and cultural backgrounds. These relationships bring innovative ways to serve our children and their families. Partners contribute toward common goals, and address unmet needs as gaps are identified, ensuring greater access to comprehensive and cohesive mental health support systems. The Illinois Board of Education relies on this collaborative support to bring alive its mission.

Beth Hanselman

Assistant Superintendent of Special Education and Support Services

Illinois State Board of Education

Acknowledgements

Appreciation is due to the many people who lent their expertise and dedication to development of the *Guidelines for School-Community Partnerships (Guidelines)*. The Illinois Children's Mental Health Partnership (ICMHP) has flourished for the past four years, guided by the astute leadership of Barbara Shaw as Chair. The ICMHP School Age Committee, under the direction of Maria McCabe and Peter Tracy as Co-Chairs, took on the task of writing the *Guidelines* with enthusiasm. They are to be commended for their dedication to this project. Rosario Pesce served as Chair of the School-Community Partnership Subcommittee and gave tirelessly of his time and school-based expertise to assure the success of this endeavor. Laura Hurwitz provided essential staff support to the work of the Subcommittee and created initial drafts of the *Guidelines*. Her hard work was fundamental to shepherding the *Guidelines* through various iterations. School Age Committee members reviewed and pro-

vided comments on drafts of the *Guidelines* that were well informed and grounded in the realities of day-to-day work in schools and community agencies. Karen Van Landeghem, ICMHP Associate Director, and Colette Lueck, Managing Director, provided critical input and essential revisions to the final drafts. Voices for Illinois Children, under the leadership of Gaylord Gieseke, provided crucial support to the ICMHP, including serving as its fiscal and physical home. The Center for Mental Health in Schools Program and Policy Analysis at the University of California Los Angeles and The Center for School Mental Health Analysis and Action at the University of Maryland both provided research and information that was invaluable throughout the process of crafting the *Guidelines*. Finally, the *Guidelines* document was designed by Steve Hartman, president, Creativille, Inc. (www.creativille.net)

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Foreword

Research indicates that school mental health programs improve educational outcomes by decreasing absences, decreasing discipline referrals, and improving test scores. Citing this evidence, the President's New Freedom Commission on Mental Health recommends that schools work collaboratively with families and mental health providers to develop, evaluate, and disseminate effective approaches for providing mental health services and supports to children and youth in schools along a critical continuum of care.¹ Schools are in a key position to identify mental health problems early and to provide a link to appropriate services. Schools cannot, however, adequately address the mental health needs of school-age children absent community and mental health provider support and partnerships. Students all too often come to school bringing into the classroom all the issues we collectively face as a society—homelessness, cultural disconnects, poverty, community violence, and lack of appropriate child care and after school programming. At the same time schools are all too often under resourced, classrooms are over crowded and teachers lack support. While strong school mental health programs can attend to the health and behavioral concerns of students, reduce unnecessary distress, and help ensure academic achievement, meeting the mental health and social needs of school-age children is a shared responsibility.

Illinois became a nationwide leader in addressing the mental health needs of children and youth when it enacted the Children's Mental Health Act of 2003, forming the Illinois Children's Mental Health Partnership (ICMHP) and charging it with developing a statewide strategic plan to reform the Illinois children's mental health system. In crafting the strategic plan, ICMHP identified key issues facing children, youth and their

families, including challenges to access of services, and gaps in mental health programs and services for children. Through public forums across the state, the Partnership heard from parents, grandparents, advocates, teachers, doctors, childcare workers, school nurses, public health professionals, psychologists, psychiatrists, special education teachers, school social workers and counselors, child welfare workers and others. What was learned was striking and sobering:

- Many schools lack sufficient and appropriately trained staff to handle the numbers of students with mental health needs.
- There are not enough mental health providers available to meet the demand for mental health services, particularly in rural and other underserved areas.
- Families who have children with mental health needs must navigate multiple, complex and uncoordinated systems in order to obtain services.
- Opportunities are often missed for educating parents, other caregivers and educators about the impact of children's social and emotional development on academic outcomes.

The Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois, as developed by the ICMHP, is a roadmap, covering a range of recommendations and strategies necessary for reform. One key recommendation from the Plan is to "promote increased collaboration and partnerships among schools and school-based mental health, community mental health, juvenile justice, substance abuse, developmental disability, Early Intervention (Part C of IDEA), child care programs and systems, families/caregivers, and others to promote optimal social and emotional development in children and youth and access to appropriate services."² Establishing *Guidelines* for school-community partnerships with

¹ Hogan MF, et al. (2003). New Freedom Commission on Mental Health Achieving the Promise: Transforming Mental Health Care in America.

² Illinois Children's Mental Health Partnership. (2005). *Strategic Plan for Building a Comprehensive Mental Health System in Illinois* (The Plan can be viewed in its entirety at www.IVPA.org)

diverse community agencies, including non-traditional organizations, was one identified strategy towards achievement of this recommendation. *The Guidelines for School-Community Partnerships (Guidelines)* is the result of a two-year long effort on the part of the ICMHP's School Age Committee. The *Guidelines* document is intended to be an important resource for moving ahead the comprehensive, coordinated children's mental health system comprised of prevention, early intervention and treatment programs and services for children ages birth to eighteen in normalized settings that the partnership envisions. Development of local and statewide cross system collaborations is crucial to this vision. With the goal of creating cross system shared ownership for the mental health and social and emotional development of school-age children, the *Guidelines* identifies key development steps to support a sustainable structure wherein all members share in the research, design, implementation and evaluation of efforts undertaken collectively to assure the academic success and mental health of school age children and youth.

Illinois Children’s Mental Health Partnership

GUIDELINES FOR SCHOOL-COMMUNITY PARTNERSHIPS

Addressing the Unmet Mental Health Needs of School-age Children

Table of Contents

Background	Page 7
Steps to Building A School-Community Partnership	Page 14
Appendix A: Components of Working Agreement	Page 19
Sample Template of A Working Agreement	
Appendix B: Financing Resources	Page 28
Appendix C: Tools	Page 35
Bibliography and Resources	Page 40

Background

A significant number of Illinois students experience difficulties in attaining the social, personal, educational and vocational skills needed to succeed in life. Approximately 9-13 percent of all children and youth face serious emotional or behavioral challenges. In schools serving low-income populations, the number of students with psychosocial problems is even greater.³ Prevention programming designed to develop social and emotional learning skills and mental health programming based on early identification and intervention can improve academic outcomes by decreasing school absences, decreasing discipline referrals, and enhancing student engagement with school and with learning.⁴

Key national and state statistics highlight the magnitude of the problem:

- One-quarter to one-third of young children are perceived as not being ready to succeed in school, with many affected by social and emotional issues.
- Nationally, over 20 percent of youth experience a diagnosable mental health problem.
- Nearly one-quarter of Illinois adolescents and one-third of Chicago adolescents reported signs of depression, for two or more weeks in a row, severe enough to keep them from doing usual activities.
- Suicide is the third leading cause of death for adolescents and young adults.

- Students ages 12 through 18 were victims of approximately 186,000 violent crimes in schools; nearly 500,000 witnessed violent crimes away from school.⁵

Despite these challenges, mental health promotion and early intervention efforts have been shown to reduce the impact of emotional problems for many students. Indeed, childhood is the best time to promote optimal social and emotional development and to mitigate the impact of mental health issues. Prevention programs and early intervention efforts can improve school readiness, health status, academic achievement, and reduce the need for grade retention, special education services, and welfare dependence. In fact, strong social skills, problem solving abilities, and conflict resolution skills are essential for all students if they are to maximize their academic potential.

Schools are Critical to Promoting Children's Optimal Social and Emotional Development

Schools play a key role in promoting children's social and emotional development and overall mental health and are a key access point for reaching school-age children for mental health promotion, early intervention, and treatment efforts. Increasingly, schools recognize that attention to social and emotional learning can assist in the achievement of their core mission by improving students' development, readiness to learn, classroom behavior, and academic performance. In

3 Freidman RM, Kutask K, and Duchnowski, AJ. (2002). Policy Leadership Cadre for Mental Health in Schools

4 Elias MJ. (1997). *Promoting Social and Emotional Learning*

5 Sources: U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*; Knitzer J. Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness. New York: New York. National Center for Children in Poverty. and Raver C and Knitzer J. Promoting the Emotional Well Being of Children and Families Policy Paper #3. New York: New York. National Center for Children in Poverty; Centers for Disease Control and Prevention. (2001). *Youth Risk Behavior Survey*; and U.S. General Accounting Office, *Child Trauma and Mental Health Services Report to Congress*. U.S. Government Printing Office.

fact, some educators are shifting traditional emphases on teaching the “three R’s”—reading, writing and arithmetic—to a new framework: rigor, relevance and relationships.⁶

Even though many educators recognize the importance of children’s mental health to school success, schools confront significant barriers to providing services to support the social and emotional development and mental health needs of students. Schools are under immense pressure to focus on external accountability and test scores. Additionally, existing financial and personnel resources are insufficient to provide the necessary array of supports to teachers, especially as they attempt to manage difficult student behaviors. Every school day, one thousand teachers leave the field. Among teachers who transfer schools, 53 percent cite problems with student behavior as a reason. The cost of replacing these teachers is \$4.9 billion every year.⁷

Recognizing that the mental health needs facing many school-age children are complex and require multiple systems (e.g., schools, health care, mental health, social services) to collaborate and integrate efforts, schools are logical sites to initiate community collaborations. Effective school-community partnerships, particularly those between schools and community mental health agencies, can provide a range of mental health services, maximize and leverage scarce resources, secure additional resources, improve ratios of mental health/support staff to students, and help schools reach their goals for student achievement. Partnerships can also focus on supporting school staff, providing consultation to teachers, working to engage parents, or improving school climate by bringing additional resources and expertise to the collaboration.

Framework for Addressing the Mental Health Needs of School-Age Children

• PREVENTION:

- ~ Coordinated systems for promoting healthy social and emotional development in all children, including public education and awareness, social and emotional development programs and social skills education.
- ~ Environments and interventions that nurture and support the social and emotional well being of all students and promote positive child, youth and family development.

• EARLY INTERVENTION:

- ~ Coordinated systems for early detection, identification and response to mental health needs, including consultation, student support services, short term interventions and supports, crisis supports and targeted skill building curricula.
- ~ Timely and targeted interventions and supports for students or groups of students with identified moderate needs or challenges, or at risk of needing more serious interventions.

• INTENSIVE INTERVENTIONS AND SUPPORTS:

- ~ Coordinated systems of care providing comprehensive treatment and family supports for school-age children with the greatest level of need.
- ~ Coordinated and comprehensive supports for students and their families with serious challenges or at greater risk for serious emotional problems.⁸

6 Daggett WR. (2005). “Achieving Academic Excellence Through Rigor and Relevance.” Internal Center for Leadership in Education.

7 Alliance for Excellent Education. (August 2005). Issue Brief: *Teacher Attrition: A Costly Loss to the Nation and to the States*

8 Adapted from: *Minnesota Children’s Mental Health Task Force, Minnesota Framework for a Coordinated System to Promote Mental Health In Minnesota*; Center for Mental Health in Schools, Interconnected Systems for Meeting the Needs of all Youngsters; National Association of State Mental Health Program Directors and the Policymaker Partnerships for Implementing IDEA at the National Association of State Directors of Special Education Mental Health Project Work Group (2002). *Mental Health, Schools, and Families Working Together for All Children and Youth: Toward a Shared Agenda*

Effective School-Community Partnerships Can Maximize Efforts and Resources

Families, youth service organizations, community partners, mental health organizations and schools all share key goals and values. Each stakeholder wants safe and effective schools, homes and communities; students that are positively engaged with the community; parents that are knowledgeable about successful parenting practices; and teachers that are not frustrated by childhood behaviors that are unmanageable. Moreover, all stakeholders acknowledge the need to improve positive family participation and cultural responsiveness to families. Collaboration on mutual goals and agendas is a logical next step when many common values and goals already exist.⁹

Delivering social supports to students through school-community partnerships is not a new concept. Many schools have developed linkages and partnerships to deliver programs that address a range of mental health and psychosocial concerns. Indeed, almost half of all school districts use contracts or other formal agreements with community-based individuals and/or organizations to provide mental health services to students.¹⁰ Most efforts between schools and community mental health providers have tended to be either student or situation specific (e.g., a school crisis, a consultation addressing the behavior of a particular student, a group intervention to address an identified issue) with one party identifying the need, the appropriate intervention, and the desired outcome. These efforts are frequently person dependent and based on positive, trusting relationships that develop between personnel in key positions. When the causal situation is resolved or key personnel change positions, the collaborative effort is often not sustained.

As schools face increased demands to meet the comprehensive needs of children and families, sustainable and effective school-community partnerships with mental health, social services, and health systems are critical. School mental health programs, school-based health centers, after-school networks, community schools, and systems of care bring together families, schools, mental health and other community systems to develop an array of effective programs and services that can improve a school environment, promote achievement, reduce barriers to learning, and provide prevention, early intervention, and treatment services.¹¹

Additionally, providing programs and services through a partnership creates organizational and systemic benefits. Partnerships can provide resources to enrich programs of all member institutions, garner public support for a school or community organization by raising the profile of an institution, reduce fragmentation and duplication of services, and build a sense of community trust that agencies and schools can work together to solve community-wide problems.

Partnerships are organic in nature, typically follow a development course, but always begin with relationships. Teachers, social workers, community mental health providers and/or parents find or create opportunities to work together, develop trust, share knowledge and gradually come to believe that their ability to solve problems is greater when they work together.

9 National Association of State Mental Health Program Directors and the Policymaker Partnerships for Implementing IDEA at the National Association of State Directors of Special Education Mental Health Project Work Group (2002). *Mental Health, Schools, and Families Working Together for All Children and Youth: Toward a Shared Agenda*

10 Foster S, Rollefson M, Doksum T, Noonan D, Robinson G, and Teiich J. (2005) *School Mental Health Services in the United States, 2002-2003*. DHHS Pub. No. (SMA) 05-4068. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

11 A system of care incorporates a "broad array of services and supports that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery and policy levels." (Pires 2002).

“Without the support of a community agency it would have been impossible to implement an evidence based practice in our school. The agency brought financial resources, expertise about the issues students faced in the community, and training for parents. Together we began to build an understanding in the community about why social and emotional learning was so important for students, and linked to their academic success and effective teaching. Based on the partnership that was established, we were able to apply for and receive a \$20,000 grants, which went a long way to buying much needed materials for staff development. Our success served as a model for other schools in the district.”

Ruth Cross, Naperville School District

Shared Planning Among Schools, Families and Community Groups Can Improve Results and Outcomes

All successful partnerships are outcome-driven. Partnerships are not an end unto themselves but a process for delivering services, supports or interventions that strengthen schools, students, families and communities. For partnerships to survive, they must be able to demonstrate that they are an effective and necessary means to achieve positive outcomes for children and youth. Partnerships must identify shared outcomes and build upon common ground. Ownership over a common set of outcomes nurtures mutual responsibility. Academic success becomes not just a school responsibility but also the responsibility of service providers, families and the community at large.

Potential Benefits Of Collaboration Between Community Groups And Schools

SCHOOLS

- Improved student academic outcomes
- Improved student attendance and school engagement
- Training for educators on the identification of mental health issues
- Consultation for teachers on management of student behaviors
- Greater teacher job satisfaction
- Increased family and caregiver involvement
- A more supportive school climate and culture
- Improved compatibility and coordination between educational and mental health approaches
- Shared authority and accountability

COMMUNITY AGENCIES

- Reduced rate of failed/cancelled appointments
- Greater access to students in normalized settings
- Enhanced access for underserved populations
- Increased awareness of educational outcomes and the impact of mental health issues on school success
- Increased coordination and efficiencies
- Shared authority and accountability

FAMILIES

- Reduced mental health stigma
- Greater access to needed services and supports
- Reduction in cross system barriers
- Reduction in conflicting recommendations given to families by various stakeholders
- Increased school involvement by parents and caregivers
- Improved educational outcomes
- Improved readiness for learning
- Improved social and emotional functioning
- Enhanced parenting skills

What is a School-Community Partnership?

For the purpose of these *Guidelines*, a school-community partnership is defined as: any collaboration between a school and a community organization, public agency, business and/or other group that mutually agrees to jointly address the mental health needs of school-age children by providing a range of mental health services and supports that promote students' academic, social, and emotional development and/or addresses a specific mental health need. In order to be effective and sustainable, school-community partnerships require an intentional commitment on behalf of all involved.

True partnerships involve more than simply working together. They are broader than a multidisciplinary or an interagency team, committee or work group. **The hallmark of a partnership is a formal or informal agreement among participants to establish a process and structure for achieving goals that no one member can achieve independently.** Partnerships typically take a development course, moving towards more formal structures and processes. They typically begin with relationships that are acknowledged for the mutual support provided to partners and evolve through trust and commitment. A second step often involves shared resources and the realization by stakeholders that leveraging each partner's strengths maximizes the impact of the school as a community resource, while providing school staff and teachers increased support which enhances their effectiveness working on behalf of students. A fully developed partnership requires shared governance, including power, authority, decision making, accountability and blending of resources to pursue shared visions or goals.¹² Stakeholders must find the partnership relevant to its organizational mission, and complementary to its structures and purpose. Partnerships can be challenging but are well worth the effort. Partnerships, while varying greatly in size and structure, are based on a set of core principles that are described below.

12 Adelman HS and Taylor L. Addressing Barriers to Learning. Center for Mental Health in Schools Program Policy and Analysis at UCLA, Volume 12, Number 2, Spring 2007.

Common Principles of a School-Community Partnership

- Each member will respect the norms and cultures of all partnering members or organizations, and most particularly those of the "host" setting.
- Programs and services develop over time to become part of a comprehensive spectrum that includes prevention, early intervention and treatment.
- Programs and services address an identified school and/or student need.
- Programs and services are coordinated and integrated into the school environment and activities.
- The partnership is collaborative and a joint responsibility of all parties.
- When appropriate, programs and services are delivered in accordance with state and federal confidentiality laws [e.g., programs and services are provided with student and parental consent and involvement in accordance with existing Illinois and federal confidentiality, consent, reporting and privacy laws and policies, including the Family Educational Rights and Privacy Act (FERPA), the Mental Health and Developmental Disability Confidentiality Act, and the Health Insurance Portability and Accountability Act (HIPAA)].¹³
- Programs and services are accessible (e.g., location is convenient, services affordable).
- Programs and services are culturally competent and family centered.
- Services build on the strengths of the students and families.
- The partnership incorporates accountability by:
 - 1) utilizing best practices and established protocols,
 - 2) establishing shared priorities and outcomes, and
 - 3) establishing systems for monitoring and evaluation.
- The partnership includes mechanisms to establish ongoing and open communication.

13 Family Educational Rights and Privacy Act (FERPA) is a federal law that protects students' educational records. <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>. Health Insurance Portability and Accountability Act (HIPAA) is a national standard that protect individual's medial records and other personal health information. <http://www.hhh.gov/ocr/hippa>

Challenges to Collaboration Can be Overcome

While there are many benefits to school-community collaborations, numerous challenges also exist including lack of appropriate buy-in from school and community leadership, funding, and staff time. For instance, dedicated staff time to working on the collaborative effort is an essential resource for both schools and mental health agencies. Taking time from current responsibilities to assume the planning and organizational tasks necessary for a successful collaboration can be time intensive, but results in a greater return in staff investments evidenced by better outcomes for students, greater efficiencies for staff, and shared responsibilities.

Many school-community stakeholders might think that the most formidable challenge to establishing and sustaining school-community partnerships is adequate funding. However, developing a partnership need not be costly, particularly in the start-up phases of the partnership and when resources are shared between partnership members. Initial partnership costs are primarily related to staff time to attend meetings, meeting expenses, and development of the infrastructure (e.g., staff person to coordinate meetings) to support the Partnership. However, delivering services, supports or programming through the partnership requires adequate funding. Strategic use of limited resources demands a shared planning process to identify needs, deploy resources, and increase efficiencies, resulting in more comprehensive, integrated and cost-

effective programs and services. While mental health funding has been targeted primarily towards persons with diagnosable mental illnesses, there is an increasing trend toward funding programs that foster social and emotional development as well as school and community collaboration. As a result, school-community partnerships that focus on the continuum of mental health services (i.e., prevention, early intervention and treatment) are funded through a wide range of sources.¹⁴

Finally, additional system barriers include different policies, procedures and cultures between schools and mental health agencies; diverse understandings of common mental health issues, causality, and effective treatments and services; dissimilar legal requirements and mandated populations; and dissimilar understandings of shared language (including the term “mental health”). These system barriers are often readily addressed and overcome once strong communication and decision making pathways are well established through the collaborative process.

14 According to SAMHSA's School Mental Health Services in the United States, 2002–2003, the top sources of funding used by U.S. schools for mental health intervention services are: Individuals with Disabilities Education Act (63% of school districts); state special education funds (55%); local funds (49%); state general funds (41%); Medicaid (28%); and Title I of the Elementary and Secondary Education Act of 1965, Improving Academic Achievement of the Disadvantaged (20%). The top sources of funding for mental health prevention services are Title IV Safe and Drug-Free Schools and Communities (57%); local funds (43%) and state general funds (39%).

Steps to Building a School-Community Partnership

These *Guidelines* have been developed for schools, community mental health agencies, and other community-based organizations to encourage the creation of new partnerships, enhance existing partnerships that promote social and emotional development, and increase the availability and access of mental health services for school-age children. While there is no “one size fits all” approach to developing a partnership, the *Guidelines* are meant to serve as a flexible framework for partnerships in varying stages of development. Key steps and recommendations are intended to be fluid, circular rather than linear. For example, a new partnership may use the *Guidelines* to establish priorities, formalize a structure, and/or develop a formal working agreement. An existing partnership may use tools from these *Guidelines* to accelerate planning. A long-term partnership may use evaluation or strategic planning tools to improve quality or expand services. Finally, the *Guidelines* can provide information and resources for funders, policymakers, and other stakeholders to increase awareness about the importance and process of developing school-community partnerships.

Building a school-community partnership is an evolutionary process that involves the active participation and commitment of any where from two to multiple stakeholders including schools, community mental health agencies, social service providers, child welfare agencies, youth groups, parents, family support and advocacy organizations, substance abuse providers, primary care providers (e.g., pediatricians, family physicians), community groups, and others. The following steps can assist schools in building a structure to support and sustain a school-community partnership. Using these key steps, schools can build a strong foundation for a partnership that can achieve its goals yet remain flexible enough to adapt to the changing needs of school-age children, schools and communities.

Conduct an Assessment of Existing Efforts

Before launching into a formal partnership process it is essential that the stakeholders are invested in the idea of a partnership and that a school is motivated to take on the task of creating and sustaining a partnership. A range of stakeholders—a key visionary leader, a small group of personnel with a history of successful working relationships, a group of concerned parents, or a group of stakeholders as required by a funding opportunity—can initiate first steps towards development of a collaborative infrastructure. Initial meetings need to focus on the benefits for each potential partnership member. The organizing individual or group should be prepared with multiple strategies aimed at motivating and engaging potential partnership members. This might include surveying current efforts within the community to address the social and emotional or mental health needs of school-age children, particularly those efforts that occur as part of an existing collaborative structure.

The following are helpful to ensure a commitment to the partnership from all stakeholders:

- Survey or assess existing efforts in the community that focus on the mental health needs of school-age children.
- Document the need/rationale for the partnership.
- Initiate the idea of a partnership through networking. Personal interaction and face-to-face meetings are the most effective.
- Clearly outline and promote the benefits of the partnership to all parties using common language.
- Ensure buy-in from the principal as indicated by willingness to attend meetings or to assign a designee to the process and providing resources such as space.
- Identify potential community partners (e.g., community mental health agencies, mental health providers, primary care providers, community organizations).
- Involve all stakeholders in the decision-making process from the beginning.
- Develop a clear vision to encourage the commitment of individuals amenable to a partnership.

Develop a Collaborative Stakeholder Group

The stakeholder group is most easily established by initially engaging groups where relationships already exist. Collaboration can involve a single school, multiple schools or a school system together with community-based agencies or organization(s) and other groups. The structure can build on existing community collaborative groups [e.g., wellness councils, School Crisis Assistance Teams (SCAT), School Boards, and Local School Councils (LSCs), Local Area Networks (LANs)] as identified by the partnership assessment or newly developed by interested stakeholders.¹⁵

The composition of the stakeholder group is flexible based on the developmental phase or identified scope of the partnership, but ideally should be culturally diverse and include, for example, some of the following individuals and/or groups:

- Someone with decision making authority from partner institutions and groups
- Key players of partner institutions and groups
- Stakeholders from the community (e.g., community mental health agencies, mental health providers, primary care providers)
- Family members and their supportive cohort/community members
- Teachers
- School support staff
- Youth
- Faith-based organizations

Skills that contribute towards successful partnerships and promote flexibility among partners and open communication include:

- Ability and desire to contribute to a shared vision and commitment to collaboration
- Ability and desire to devote necessary time to collaboration
- Training, skills, institutional and collegial support
- Qualities of trust, motivation, competence, energy, dependability, and collegiality
- Ability to represent and report back to school or agency
- The ability to be flexible
- Willingness to communicate effectively with other partnership members and other key stakeholders, family members, or system representatives

¹⁵ School Crisis Assistance Teams are formed in collaboration with the Mental Health Association of Illinois, the Community Behavioral Healthcare Association and the Illinois State Board of Education to provide support during and after a violent incident or other traumatic event and assist in the training of local school teams

Local Area Networks are local collaborations (a total of 64 covering the State of Illinois) that bring together stakeholders, including parents, to coordinate services for students with emotional or behavioral disorders, primarily using wraparound as a service delivery planning process.

Determine a Collaborative Structure and Leadership

One of the first tasks of any new partnership is to establish a leadership structure and assign key roles and responsibilities. The leadership structure may be developed according to available resources, existing leadership structures, and/or requirements of a funding source. Since programs and services are directed to school-age children, it is likely that the school will be the convener of the school-community partnership.

The following are some of the leadership functions helpful to establishing and maintaining an effective school-community partnership. Not all partnerships will initially require each of the functions described below, as partnerships evolve and develop over time.

- **Decision-maker/gate-keeper:** The decision-maker (e.g., Principal/designee and agency director/designee) makes key decisions (e.g., administrative, financial) about the school-community partnership and clarifies those recommendations needing final approval by the school and/or school system.
- **Convener:** The convener initially brings together the stakeholders and is someone highly invested in the process (e.g., member of school support staff, school based community agency staff) who has good relationships with all stakeholders.
- **Facilitator:** The facilitator sets meeting agendas, facilitates meetings, and handles communication between the school and agency. This may be the same person as a convener. The facilitator may change as the partnership evolves.
- **Site Administrative Leader:** The site administrative leader provides oversight of the structure and serves as the liaison to governance and administrative bodies (e.g., Local School Councils (LSC), School Boards, Board of Directors, Parent Groups, Community Groups).
- **Project Coordinator:** The project coordinator monitors implementation of any project the collaborative may undertake.
- **School and Community Staff:** Key opinion leaders, from the cadre of line staff involved in the school-community partnership, play vital roles in implementing, and monitoring the projects undertaken by the partnership. They often bring good problem solving skills to the process.

Strategic Planning, Implementation and Oversight

The partnership is responsible for developing its mission and goals, identifying resources, and establishing mechanisms to ensure that the goals are achieved. Planning is critical to the initial work of the partnership and is inextricably linked to its long term success. The needs of school-age students are real and often pressing, resulting in a temptation to move into an action phase quickly. However, if the partnership does not establish a clear plan and a working structure with clearly defined leadership roles and responsibilities, and member communication and accountability pathways, it risks succumbing to pressures once members face difficult decisions such as how to expend funds, or resolve conflicts. Based on the defined activities and scope of work, the partnership may need to break into subcommittees or teams (e.g., resource, program, evaluation). **Please see the appendix for information on tools and resources related to key areas (e.g., conducting a needs assessment).** Steps to plan and implement an effective partnership include:

- 1) Develop a clear mission.
 - Identify the needs of school-age students or the school through a review of existing data/information, teacher report, surveys or a needs assessment.
 - Examine the strengths and internal capacity of the school to meet those needs.
 - Ensure that the broad, overarching goals of the school-community partnership are consistent and complementary with the school's strategic plan and the partners' mission statements.
- 2) Develop a structure to coordinate and steer the process.
 - Anticipate barriers to success (e.g., limited time of educators to participate in meetings, proximity of community agency) and identify strategies to address those barriers.
 - Develop a clear partnership structure (e.g., quarterly meetings, retreats, list serves, conference calls).
- 3) Identify partnership plan priorities.
 - Review and discuss stakeholders' current policies and procedures in order to identify and address any potential conflicts.
 - Develop all necessary joint policies and procedures to support the efficient and effective operation of the partnership.
 - Develop mechanisms for ongoing communication (e.g., identify who has decision making authority, how minutes are distributed, how the school staff are informed of partnership goals and progress).
 - Develop a mechanism for problem solving (e.g., group consensus, voting).
 - Develop measures for accountability for the partnership and any programs or services that it provides (e.g. monitoring, quality improvement, performance based evaluations, customer satisfaction).
 - Develop mechanisms to involve families and community.

- 4) Monitor ongoing process.
 - Review outcomes.
 - Modify goals, objectives and strategies based on evaluation data and/or feedback.
- 5) For those partnerships that provide a specific service and/or program (e.g., community mental health agency that will provide services or take referrals), develop the terms of a *tailored* working agreement that includes but is not limited to the following components. **(A sample working agreement is included in appendix A).**
 - Expectations of both parties, using common language between schools and community organizations and agencies.
 - Clearly defined roles and responsibilities.
 - Realistic timelines to accomplish goals.
 - Policies to protect confidentiality in congruence with all state and federal laws and mandates (e.g., Mental Health and Developmental Disabilities Confidentiality Act, HIPPA and FERPA).

Nurture Collaboration

In order to sustain the partnership, it is critical that the stakeholder group is maintained and enhanced as necessary. The following steps will increase the probability that the partnership will exist long-term, become established on a large-scale, and/or become institutionalized.

- Provide the opportunity for continuous, personalized guidance and support to key staff.
 - Revisit strategic plan and revise as necessary.
 - Identify opportunities for ongoing staff development, continuing education, and cross-training for stakeholders (e.g., Regional Offices of Education (ROE's), Institute Days).
 - Connect the partnership to current initiatives [e.g., Social and Emotional Learning (SEL) Standards, Positive Behavioral Interventions and Supports (PBIS), System of Care, No Child Left behind (NCLB)].
- Monitor any proposed policy or legislative changes at the state or federal level for potential impact on efforts.
 - Address absences and vacancies of members promptly and make an effort to orient and engage all new members.

Schools are located in communities but often are isolated from those communities. Families live in neighborhoods, but often are isolated from each other. Communities, schools, and families want similar outcomes for children and youth—school readiness, academic success, well developed social skills, employment or advanced education readiness, and strong connections to adults and communities – yet often there is no venue for coordinating efforts to meet these mutual goals. Interrelated solutions and supports are more effective and more efficient, but require collaboration.

For schools, successful collaborations can translate into enhanced academic performance, fewer discipline problems, reduced drop out rates, higher staff morale and improved use of resources. For families and community groups, collaborations with schools and with each other can enhance parenting skills and opportunities for socialization, enhance access to mental health services and supports, and strengthen the fabric of family and community life.¹⁶ Well established collaborative relationships bring more resources to bear to the complex issues that students present in schools and to teachers. They also can create stronger sense of community commitment to the successful academic and social outcomes or achievements for all students. Partnerships are a process that evolves over time, strengthened by the commitment of the stakeholders to the belief that they can achieve more together than they can alone, and that educating students is everyone's responsibility.

¹⁶ Adelman HS and Taylor L. Addressing Barriers to Learning. Center for Mental Health in Schools Program Policy and Analysis at UCLA, Volume 12, Number2, Spring 2007.

Appendix A. Sample Working Agreement

Recommended Working Agreement Components

A working agreement is a mechanism that formalizes the school-community partnership process, particularly for partnerships between schools and community mental health agencies and/or other mental health providers or community groups. By developing a working agreement, both parties are held accountable to agreed upon expectations. It is recommended that a working agreement should be collaboratively developed between the two or more parties once expectations for services are negotiated and agreed upon by the collaborative stakeholder group. The working agreement is not a “one size fits all” and should be tailored to address the shared priorities and outcomes of the partnership. Once an agreement is developed, it should be reviewed by an attorney. The agreement should be reviewed and revised on a periodic basis to meet the changing needs of the students, school and community agency.

Key Elements Of A Working Agreement:

- Statement of need/purpose of agreement
- Names, titles, contact information of both parties
- Relationship between parties
 - ~ School/contractor, not employer/employee
 - ~ No subcontracting
- Expectations of both parties
 - ~ Description of services
 - ~ Term of contract
 - ~ Timelines
 - ~ Use of relevant protocols (e.g. referral, crisis, treatment)
- Roles of all parties
- Communication and coordination
 - ~ Participation in meetings
 - ~ Consultation
 - ~ Dispute resolution
 - ~ Clearly defined communication pathways between all members
- Confidentiality (HIPAA, FERPA, Mental Health and Developmental Disabilities Confidentiality Act)
- Guardian and student consent
 - ~ Written consent for services
 - ~ Written release of information and/or disclosure of records
- Monitoring and evaluation
 - ~ Consumer satisfaction
- Signature and date of both parties

The following are ADDITIONAL ELEMENTS that you may want to consider making part of an agreement:

- Target Population
 - ~ General population, grade, classroom, high risk students
 - ~ Geographic boundaries/Jurisdiction
- Environment
 - ~ Location of services
 - ~ Designation and maintenance of adequate space
 - ~ Utilities
 - ~ Hours of access; arrangements for continuity of care over summer, school holidays, etc.
- Referral Process
 - ~ Who can refer
 - ~ To whom do they refer
 - ~ How do they refer (phone/written)
 - ~ When do they refer – for what reasons
 - ~ Communications and feedback regarding referral
- Record keeping/documentation
 - ~ Where files are maintained
 - ~ How files are accessed and shared
 - ~ Data management
 - ~ Reporting
- Qualifications of project staff and school personnel
 - ~ Professional licensure and certification
 - ~ Criminal background check
 - ~ Child Abuse and Neglect Tracking Systems (CANTS)
 - ~ Liability
 - ~ Professional, malpractice, worker's compensation and bonding
 - ~ Indemnification – hold party harmless of liability, loss, damage, cost or expenses
- Nondiscrimination - compliance with ADA
- Compliance with laws
- Payment, costs and billing mechanisms
 - ~ Billing Medicaid, third party payers
 - ~ Submission of invoices
 - ~ Responsibility of payment of taxes
- Termination clause, waiver, or breach of contract

Sample Working Agreement

PARTNERSHIP BETWEEN _____ SCHOOL AND _____ COMMUNITY AGENCY FOR PROVISION OF MENTAL HEALTH/SUBSTANCE USE SERVICES

The language below is intended to be as comprehensive as possible. Language should be tailored to the needs and requirements of each institution. It is not necessary to include all the sections below.

1. MISSION

The mission of this School-Community Partnership is to create a safe and supportive environment for students at _____ School. This mission supports the mission of the school to create an environment of life long learners who achieve their maximum potential to participate and contribute to a democratic society.

2. STATEMENT OF NEED/PURPOSE OF AGREEMENT

In response to _____, the _____ School, with the help of its Collaborative Stakeholder Group, conducted a needs assessment of its students. The results of this assessment indicated a high number of students reporting signs of mental health/substance use problems, substance abuse and exposure to violence. In tandem with the needs assessment, the Collaborative Stakeholder Group conducted an asset mapping survey to assess what services and supports are available to the students in their school environment. The results of this survey indicated an insufficient number of staff to address students presenting with mental health problems as well as a lack of information and inadequate knowledge about how to intervene with the reported problems. In response to the high degree of mental health needs of students and staff limitations in addressing those needs, the _____ School and the _____ Community Agency have cooperatively designed a program that provides prevention, early intervention and treatment services to the students of the _____ School.

During a 2-year period, objectives, which must be measurable are:

- 1) Increase students' and staff knowledge of social and emotional development, mental health and substance use.
- 2) Decrease reported incidents of violence, substance abuse, suspensions, and absences.
- 3) Increase number of mental health referrals made by school personnel.
- 4) Increase percentage of students accessing and receiving mental health/substance use services.

3. RELATIONSHIP BETWEEN PARTIES

THIS AGREEMENT is made as of this ____ day of _____, 200_ by and between the _____ School hereinafter referred to as the "School," and the _____ Agency, hereinafter referred to as "Consultant." The term of the contract will be effective _____ and reviewed yearly. At any time, the School or Consultant may terminate this contract with a 30 days prior written notice without incurring any liability.

The School and Consultant acknowledge that for the purposes of services rendered pursuant to this Contract that the Consultant is an independent contractor and neither the Consultant nor any of the Consultant's employees is an employee of the School. Consultant must give full personal attention to the faithful execution of this Agreement. Consultant shall not subcontract or assign any part of the Agreement without written consent of the School.

4. CONTACT INFORMATION OF BOTH PARTIES

All written notices and communications concerning this Agreement should be sent by the School to the Consultant and shall be addressed to: _____

(Include name, title, and mailing address)

All written notices and communications concerning this Agreement should be sent by the Consultant to the School and shall be addressed to: _____

(Include name, title, and mailing address)

5. EXPECTATIONS OF BOTH PARTIES

Description of Services

In support of our mission to create a safe and supportive environment for students at the _____ School, we agree to support the School-Community Partnership in the following ways:

The School will:

- Maintain continued membership and active participation in the School-Community Partnership.
- Provide administration and fiscal oversight for the project.
- Be responsible for hiring the Project Coordinator and monitoring the entire project.
- Provide facility space for contracted providers for the delivery of program services and activities.
- Promote program services and activities in the community.
- Maintain ongoing, consistent communication between the School and Consultant.
- Provide data necessary for evaluation of this proposal to the local evaluator(s).
- Follow established protocols for referral, crisis and treatment protocols that specify procedures for: a) Who refers, b) How and to whom to refer (phone/written), c) When to refer, for what reasons, d) What action is taken with the referral, e) How are communications and feedback handled regarding referral

The Consultant will:

- Maintain continued membership and active participation in the School-Community Partnership.
- Assure the provision of consultation, education, screening, assessing, referring, treatment and coordination of services for youth in need of mental health services (on-site and off-site).
- Collaborate with the School and other project partners to ensure the linkage and delivery of services that respond to the family's needs. (Includes, but is not limited to: social services, mental and physical health assessment, and mental health services).
- In compliance with mental health confidentiality law and HIPAA regulations, provide data necessary for evaluation of this proposal to the local evaluator(s).
- Follow established referral, crisis and treatment protocols that specify procedures for: a) Who refers, b) How and to whom to refer (phone/written), c) When to refer, for what reasons, d) What action is taken with the referral, e) How communications and feedback are handled regarding referral.

- Collaborate with school to tailor classroom observation, skill training, school wide interventions and prevention activities (e.g. social and emotional development, educational information about risk and protective factors for mental health, substance abuse and violence prevention.).

Expected Outcomes:

- Consultant will provide ____ FTE in the school.
- Consultant will provide a minimum of ____ consultations to school staff on mental health, substance use, and social and emotional development.
- Consultant will serve at a minimum of ____ students.
- Absentee rate will decrease by ____ percent.
- Suspension rate will decrease by ____ percent.
- Reported incidents of violence will decrease by ____ percent.
- Reported incidents of substance abuse will decrease by ____ percent.

6. COMMUNICATION AND COORDINATION

The Project Coordinator for the SCP will be responsible for coordinating communication and information sharing among participating partners. Methods for sharing information will include quarterly meetings of the Collaborative Stakeholder Group, written status reports, and monthly meetings between the Project Coordinator and the Principal or Principal's designee.

7. CONFIDENTIALITY

The Contractor agrees that any information obtained concerning persons served by the agency will remain confidential. The Contractor agrees not to disclose any information concerning said persons without written authorization from said persons, and only for purposes directly connected with the administration of the program and services, or as may be required by State or Federal law:

HIPAA

FERPA

Mental Health and Developmental Disabilities Confidentiality Act

Mandated abuse and neglect reporting

Written release of information and/or disclosure of records. Contractor shall request authorization in writing from the minor and their parent or guardian to release any information to the school, including assessment, treatment planning, and discharge summary.

8. MONITORING AND EVALUATION

The Collaborative Stakeholder Group will evaluate the implementation of the Agreement annually. The School and Consultant will develop criteria based on expected outcomes to evaluate the implementation of the Agreement using existing review data and monitoring procedures of each agency.

ACTIVITIES MAY INCLUDE:

- 1. Training and Technical Assistance.** The Collaborative Stakeholder Group will assess training and technical assistance needs related to collaboration and service coordination for the target population. During quarterly meeting of designated agencies, training and technical assistance needs will be discussed and strategies for collaborative support and assistance will be developed.
- 2. Performance Evaluation.** The School or Collaborative Stakeholder Group may conduct an evaluation for the Consultant's performance under this Agreement. Consultant shall fully cooperate with the School and shall provide such information and documents as may be requested to conduct the performance evaluation.
- 3. Quality Management.** The School and Consultant must follow the procedures set in place by the Collaborative Stakeholder Group to resolve disputes between agency and school staff.
- 4. Consumer Rights.** Each student must be treated with dignity and afforded full rights as an individual to make decisions and participate in treatment planning. There shall be a written complaint/grievance process, visible to students, through which a student may appeal a dispute with the Agency.

9. TARGET POPULATION

The program will target high school-age children who attend the Illinois School District #00 with three levels of interventions:

- 1. General Education Population* – Students who would benefit from participating in programs that promote social and emotional learning.
- 2. High Risk Students* – Students who have been identified by teachers or support staff as displaying behavioral and/or emotional problems and need to be assessed for possible services.
- 3. Students experiencing mental health problems* – Students who have experienced a mental health crisis and/or history of mental illness who require short term diagnostic and treatment services.

10. ENVIRONMENT

Services will be provided in the school building. The school is expected to provide the Agency with a mailbox, a workspace that permits confidential interviews and access to a phone for confidential calls. The workspace will be made available to the agency during on ____ (day of week) during the hours of _____. When school is closed for vacation or holidays, the agency can access the space by submitting a written request to _____. The school and school's respective custodial contractor will clean and maintain the space with the baseline regulations established for the entire building.

11. RECORD KEEPING/DOCUMENTATION

Records. The Consultant will keep working files for each student in a locked cabinet in the designated office, which can also be locked. As cases are closed, files will be transported to the Agency and kept in a secure space. Policies regarding access and maintenance of records, including electronic records, will be developed and followed by the partnership.

Reporting. On a quarterly basis, the Consultant agrees to submit documentation identifying the number of students referred, the number of assessments made, and the number of students receiving services. A summary of program activities for the school year will be submitted annually by ____ (date), and will include: demographic information on each child receiving services, a summary of the activities of the Consultant, and a summary of evaluations completed by the school principal and members of the Collaborative Stakeholder Group.

12. ROLES AND QUALIFICATIONS OF STAFF

Professional Licensure and Certification. In the event that the services to be provided by the Consultant must by law be provided by individuals who are licensed and/or certified, the Consultant shall only assign individuals to provide services under this Agreement who are licensed, certified, and/or credentialed in accordance with the law. All such individuals assigned by the Consultant to provide services shall maintain their license and/or certification in good standing during the term of this Agreement. Consultant shall, prior to providing services, submit documentation that the individuals assigned to provide services are properly credentialed and are licensed and/or certified to: _____.

Criminal Background Check. It is the responsibility of the Consultant to make certain that its employees, agents, volunteers and contractors who may have contact with students are in compliance with the School Code of Illinois.

13. INSURANCE

The Consultant shall maintain current insurance coverage for itself and each staff who provides services pursuant to the Agreement in an amount satisfactory to the School. Such coverage shall include professional liability, malpractice, worker's compensation and bonding. Before any services are provided hereunder and upon execution of this Agreement, contractor shall furnish the school certificates for coverage.

Indemnification. Contractor hereby agrees to indemnify and hold harmless the School, its officers, agents and employees against any and all claims, directly or indirectly arising out of or relating or resulting from the furnishing of services described herein, and caused by negligence of Consultant or its staff.

14. PAYMENT, COSTS AND BILLING MECHANISMS

OPTIONS MAY INCLUDE:

1. **Billing Medicaid.** The School agrees that the Consultant shall be responsible for billing Medicaid and other third party payers for the Consultant's services rendered hereunder. Consultant reserves right to keep any such payment collected.
2. **Costs for Services.** In return for services provided by the Consultant, the School will reimburse for services provided in accordance with the attached budgets upon completion of any and all required documentation (e.g. evaluation reports, time sheets, logs, receipts). Payment will be made monthly (or in aggregate amount) not to exceed \$xx. This amount may be increased to \$xx pending review by Project Coordinator.
3. **Submission of Invoices.** All invoices for services need to be turned in on a monthly basis with a description of services, the number of hours, social security numbers of clients, and the cost for each service. The parties agree that the Consultant invoices are to be submitted to the School in a timely manner, after the services have been provided to the School. If invoices are submitted after six months after the last date the services have been rendered, then the School shall have no obligation to pay for the stale invoices.
4. **Taxes.** The Consultant is responsible for complying with all Federal and State laws as to tax and Social Security payments to be withheld from wages paid to said employees. The School assumes no responsibility for the payment of any compensation, wages, benefits, or taxes by, or on behalf of the Consultant, its employees and/or others by reason of this Agreement.

15. NONDISCRIMINATION

The Consultant agrees to comply with ADA, Americans with Disabilities Act, Title VI of the Civil Rights Act of 1964, the Constitution of the United States, the 1970 Constitution of the State of Illinois and any laws, regulations or orders, State or Federal, which prohibit discrimination on the grounds of race, sex, religion, national origin, inability to speak or comprehend the English language, or by reason of disability.

16. LIABILITY

The School assumes no liability for actions of the Consultant under this Contract. The Consultant agrees to hold harmless, the School, against any and all liability loss, damage, cost or expenses arising from wrongful or negligent acts of the Consultant, which School may sustain, incur or be required to pay as a result of Contractor's performance under this contract.

17. SIGNATURE OF BOTH PARTIES

Agency Director

Date of Signature

Authorized School Official

Date of Signature

This sample working agreement was developed with input from the following documents:

1. Mental Health Association of the North Shore (MHANS) Community Partnering Program for Social- Emotional Wellness
2. Statewide Cooperative Agreement between US Department of Health and Human Services Region V, ID-CFS, IDHS, Illinois Head Start Association August 2004
3. Chicago Public Schools Policy for School Based Health Centers
4. Contract Agreement between Baltimore Mental Health Systems Inc and the University of Maryland, Baltimore School Mental Health Program
5. Contract between County Head Start/Early Head Start Program and County Mental Health Center
6. Contract for physical therapy, occupational therapy and speech/language/pathology services between the Rainbow Center and Naperville Community Unit School District
7. Contractual Agreement for Safe Schools/Healthy Students Partners, Fillmore Center for Human Services & Community Care Options and Morton School District
8. Contractual Agreement for Safe Schools/Healthy Students Partners, J. Sterling Morton High School District and Cook County Department of Public Health
9. Education Referral Protocol for Referrals to the Mental Health System of Care, Champaign County
10. Interagency Memorandum of Agreement between Illinois State Board of Education, Illinois Head Start, Administration for Children and Families, Illinois Department of Human Services, Mental Health
11. Letter of Agreement between Community Counseling Centers of Chicago and Asian Human Services
12. Letter of Agreement between Community Counseling Centers of Chicago and Institute for Juvenile Research
13. Master Professional Services Agreement between the Baltimore City Board of School Commissioners and University of Maryland, Baltimore
14. Memorandum of Agreement for Safe Schools Healthy Students Initiative, We Go Together (West Chicago Elementary District #33 and collaborating agencies) Service Provision Protocol Agreement between Community Counseling Centers of Chicago and Chicago School Readiness Project
15. Skilled Nursing Service Agreement between Midwest Home Health Care and Naperville CUFD

Appendix B. Financing Strategies

Financing strategies are as varied and complex as school-community partnerships themselves. School-community partnerships can blend funds from various sources to share personnel and expand access to programs. Partnerships can redeploy, refinance or restructure their existing funds to develop new funding mechanisms. Other strategies used may include matching state dollars with federal dollars, billing for third party reimbursement, applying for public and private grants and contracts, and/or establishing a self-pay system.

The most important financing strategy for a school-community partnership is to draw from the widest array of sources possible. It is important to consider all sources of funding and identify those sources that may provide funds to schools-community partnerships as well as for the type of mental health services provided through the partnership. When programs are limited in the number of funding sources they utilize, they become limited in their scope. The more funding sources available, the more flexibility a partnership will have. For a more comprehensive and detailed overview of funding strategies, see articles and issue briefs in the References section of these *Guidelines*.

The following are public and private funding sources at the national, state and local levels:

1. FEDERAL PROGRAMS – Over 1000 grant programs are offered by the 26 federal grant-making agencies, and a number of federal grant programs specifically support mental health prevention, early intervention and treatment. Education, child welfare, social service, juvenile justice, and healthcare funds can also be used to support school community collaborations. The following are some of the key federal programs that fund school mental health:

- Title I – Improving the Academic Achievement of the Disadvantaged
- Title IV – Safe and Drug Free Schools and Communities Program
- Title V - Maternal and Child Health Block Grant

- Title 19 (Medicaid)
- Title XXI (SCHIP)
- Title IV-E waivers
- Individuals with Disabilities Education Improvement Act of 2004 (IDEA)
- No Child Left Behind (NCLB) Act of 2001
- Substance Abuse and Mental Health Services Administration (SAMHSA) - Safe Schools, Healthy Students
- SAMHSA - Community Mental Health Services Block Grant
- Bureau of Primary Health Care - Healthy Schools Grant
- Centers for Disease Control and Prevention- Division of Adolescent and School Health (DASH)

2. PUBLIC HEALTH INSURANCE PROGRAMS -- State and local governments increasingly use Medicaid and the State Children's Health Insurance Program (SCHIP) to finance children's mental health services provided by other public sectors, including the mental health and educational systems. Medicaid is available to low-income individuals and families who fit into an eligibility group recognized by federal and state law. SCHIP is the federal program that extends health insurance benefits to children whose family income exceeds that for Medicaid eligibility. Medicaid covers about 20% of all funding for mental health care including inpatient, outpatient and physician mental health visits. Illinois' health insurance program for children, "All Kids," provides complete healthcare, including mental health services, but has restrictions on provider types and services.

Children insured under Medicaid may receive mental health services through Early, Periodic, Screening, Diagnosis and Treatment (EPSDT), a comprehensive and preventive child health benefit in Medicaid for individuals under the age of 21. Under EPSDT, eligible

children are entitled to a range of services including the diagnosis of a mental disorder as well as treatment for any condition that is diagnosed.

In July 2004, Illinois state funding began a shift from the historical grant-based contracts model to a performance based fee-for-service reimbursement system. While this change maximizes Illinois' ability to obtain more federal dollars through Medicaid's matching funds, this system continues to have restrictions on the types of mental health services and providers that can be reimbursed. A full range of Medicaid billable services can be provided in school settings; therefore, making Medicaid a source of financing for school based mental health services.

More information on Medicaid (including EPSDT) and SCHIP, and EPSDT can be found on the Centers for Medicare and Medicaid Services website www.cms.hhs.gov and the Center for Healthcare in Schools at www.healthinschools.org.

3. STATE GOVERNMENT – In addition to redistributing federal funding (e.g. block grants, etc.), Illinois invests its own resources into children's mental health and school partnerships by directing general revenue into school community initiatives as well as using specific revenue sources to support new statewide and local programs. State agencies, such as the Department of Human Services and the Illinois State Board of Education offer numerous direct grant opportunities through state and federal funds received or administered by each agency.

More information on funding in the State of Illinois can be found in the Illinois Funding Sources chart below.

4. LOCAL GOVERNMENT - Both federal and state funds from many different state agencies can be distributed to local agencies to finance school-community partnerships and mental health services. Some key sources of funding for local mental health efforts include:

- Local school systems or Regional Offices of Education (ROE) receive locally appropriated funds through Title I or Safe and Drug Free School Program.
- The Community Mental Health Services Block Grant, a joint Federal-State partnership, supports existing public services and encourages the development of cre-

ative and cost-effective systems of community-based care for people with serious mental disorders.

- Community Mental Health Boards ("708"), administered directly by a township, have the authority to provide funding for mental health programs, developmental disability and substance abuse services.
- The Local Area Network (LAN) effort, cooperatively funded by the Illinois Department of Children and Family Services and the Illinois State Board of Education, provides funding to create child specific supports that do not already exist in the child's community but which are necessary to provide successful intervention.
- The United Way is a not-for-profit organization that invests in critical health and human service programs and coordinates community initiatives to improve lives and strengthen communities. Local chapters of United Way often offer grants for specific community based initiatives.

5. PROFESSIONAL ORGANIZATIONS – Grants from professional organizations (e.g. American Psychological Association, National Education Association) may provide funding for specific activities (e.g. professional development, research) offered through a school-community partnership.

6. PRIVATE SOURCES

- Private Foundations are non-governmental, non-profit organizations that have their own funds or endowments that support educational, charitable, social, religious or other activities serving the common good. In Illinois alone there are over 2500 private foundations that give to a wide range of statewide and community activities. See the chart below for ways to identify specific foundations that may fund activities provided through a school-community partnership.
- University Departments may have research funds that can support the evaluation component of a school-community partnership.
- Corporate Giving Programs use their endowments, as well as their marketing, public relations and advertising budgets, and have multiple ways of supporting non-profits such as school-community partnerships.

CHART OF FUNDING SOURCES

The charts below provides a short description of each funding resource, grant, and/or program as well as internet links that help identify funding opportunities that are currently available.

NATIONAL PUBLIC FUNDING SOURCES

SOURCE	WEBSITE
GRANTS.GOV DESCRIPTION: Allows organizations to electronically find and apply for more than \$400 billion in federal grants. Grants.gov is the single access point for over 1000 grant programs offered by all Federal grant-making agencies.	www.grants.gov
Catalog of Federal Domestic Assistance DESCRIPTION: Provides access to a database of all federal programs available to state and local governments; domestic public, quasi-public, and private profit and nonprofit organizations and institutions; specialized groups; and individuals.	12.46.245.173/cfda/cfda.html
Catalog of Federal compendium of Domestic Assistance DESCRIPTION: Provides a government-wide federal programs, projects, services, and activities, which provide assistance or benefits to the American public. It details every federal grant, including its description, eligibility, deadlines, and award procedures.	www.cfda.gov
Centers For Disease information on the Control and Prevention (CDC) DESCRIPTION: Provides grants process and funding opportunity announcements. CDC awards grants and cooperative agreements to eligible organizations annually based on funding made available through its appropriations. CDC's Division of Adolescent and School Health (DASH) provides funding to build state education and state health agency partnerships and capacity to implement and coordinate school health programs across agencies and within schools.	www.cdc.gov/od/pgo/funding/grantmain.html
Department of Education DESCRIPTION: Provides information regarding Forecast of Funding programs and competitions for which the Department of Education has invited or expects to invite applications for new awards.	www.ed.gov/fund/grant/find/edlite-forecast.html
Department of Education DESCRIPTION: Lists information on current open discretionary grants made by the Department for which the Department has discretion, or choice in, which applicants get funded. Virtually all of the Department's discretionary grants are made based on a competitive review process.	www.ed.gov/fund/grant/apply/grantapps/index.html
Department of Education – Title IV funding - Office of Safe and Drug Free Schools DESCRIPTION: Provides financial assistance for drug and violence prevention activities and activities that promote the health and well being of students in elementary and secondary schools, and institutions of higher education. Activities may be carried out by state and local educational agencies and by other public and private nonprofit organizations. Website describes programs and provides information on grants for creating safe schools, responding to crises, drug abuse and violence prevention.	www.ed.gov/about/offices/list/osdfs/programs.html
Department of Education Title I Funding – Improving the Academic Achievement of the Disadvantaged DESCRIPTION: Describes Title I funding, the largest federal investment in education, providing school systems with funding to improve educational outcomes for students at risk of educational failure.	www.ed.gov/policy/elsec/leg/esea02/pg1.html
No Child Left Behind (NCLB) Act of 2001 – 21 st Century Community Learning Centers (21 st CCLC) DESCRIPTION: Describes NCLB Act that allows for more flexibility of funding at state and local level and enables schools to use funding for enhancing student/learning supports in low performing schools. The 21 st CCLC Program, a key component of the NCLB Act, is an opportunity for students and their families to continue to learn new skills and discover new abilities after the school day has ended. This program provides youth development activities, drug and violence prevention programs, counseling and character education to enhance the academic component of the program.	www.ed.gov/nclb/overview/intro/edpicks.jhtml?src=In
Department of Education Office of Special Education Programs (OSEP) - Individuals with Disabilities Education Improvement Act of 2004 (IDEA) DESCRIPTION: Describes IDEA's three non-competitive formula grant programs. Under IDEA, schools are required to provide services to enable children with a disability to participate fully in the education available. Recently, under the reauthorization of IDEA, state and local education authorities are able to use a portion of these funds for the general education populations.	www.ed.gov/about/offices/list/osers/osep/index.html

Health Resources and Services Administration (HRSA)
Bureau of Primary Health Care Grants

bphc.hrsa.gov/Grants/Default.htm

DESCRIPTION: Includes information on HRSA funding opportunities including program summaries, application procedures, and standard Grant Application Forms. HRSA Primary Health Care grants and cooperative agreements support innovations and expanded access to health care services in medically underserved areas and improve the health status of medically underserved populations.

Bureau of Primary Health Care - Healthy Schools Grant

www.federalgrantswire.com/healthy_schools_healthy_communities.html

DESCRIPTION: Supports the development and operation of school- based health centers that provide preventive and comprehensive primary health care services, including mental health services, to children at risk for poor health outcomes and other medically underserved populations.

SAMHSA Center for Mental Health Services, Center

www.samhsa.gov/grants06/apply.aspx

DESCRIPTION: Provides information on new SAMHSA grants, Requests For Applications (RFAs), grant application forms, new grant making procedures, technical assistance and training. Future funding falls into three program areas: Services; Infrastructure; and Best Practices.

SAMHSACenter for Mental Health Services -
Safe Schools Healthy Students (SS/HS)

www.sshs.samhsa.gov/apply/default.aspx

DESCRIPTION: Contains information on application procedures for SS/HS. Through grants made to local education authorities, the SS/HS Initiative provides schools and communities with the benefit of enhanced school and community-based services. School districts submit comprehensive plans created in partnership with law enforcement officials, local mental health authorities, and often with juvenile justice officials and community-based organizations.

SAMHSA Center for Mental Health Services,
Center (Part B of Title XIX of the Public Health Service Act)

www.mentalhealth.samhsa.gov/publications/allpubs/KEN95-0022/#where

DESCRIPTION: The Community Mental Health Services Block Grant is the single largest federal contribution dedicated to improving mental health service systems across the country. The Center for Mental Health Services' Community Mental Health Services Block Grant awards grants to the states to provide mental health services to people with mental disorders.

National Education Association

www.nea.org/grants/archive.html

DESCRIPTION: Lists information on grants and awards provided by the National Education Association (NEA), the nation's largest professional employee organization, committed to advancing the cause of public education.

National Criminal Justice Reference Service

www.ncjrs.gov/fedgrant.html

DESCRIPTION: Provides information on three types of Office of Justice Programs (OJP) funding opportunities to state, local, and private agencies and organizations including: formula (or Block), discretionary, and congressional earmarks. Most OJP funds are dispersed through Formula programs and congressional earmarks.

ILLINOIS FUNDING SOURCES

SOURCE	WEBSITE
Donors Forum Illinois Funding Source (IFS) DESCRIPTION: Updated monthly, IFS delivers the latest details on newly established foundations, changes in foundation contacts, priorities, and updated grants list. IFS combines two powerful tools: FunderSource, a searchable directory of 2800+ Illinois foundations, and GrantSource, an essential research database that indexes over \$3.2 billion in grants dollars awarded by local funders.	ifs.donorsforum.org
Illinois Federal Clearinghouse DESCRIPTION: Provides information for state and local agencies about federal funding opportunities, federal grants flowing into Illinois and contacts for key agencies.	www100.state.il.us/fedclear/state_grants.cfm
Illinois State Board of Education Grant Information and Resources DESCRIPTION: The State Board of Education offers numerous direct grant opportunities for school districts through state and federal funds received by the agency.	www.isbe.net/grants/
Maternal and Child Health Block Grant (Title V, Social Security Act) DESCRIPTION: The Illinois Department of Human Services (IDHS) administers the Maternal and Child Health Services Block Grant. IDHS uses these funds for school based health programs and to provide preventive and primary care services to women, infants, children and adolescents throughout the state.	www.dhs.state.il.us/dhs_mchbgFFY06AFFY04R.asp
Illinois Department of Human Services (IDHS) DESCRIPTION: Includes information on grant opportunities in human services through a Grants Alert System (GAS), IDHS Request For Proposals (RFP's), and a list serve.	www.dhs.state.il.us/grants/gas/onenet.aspx?item=4620
Illinois Violence Prevention Authority (IVPA) DESCRIPTION: Provides information on funding available under IVPA's grant programs. IVPA distributes grants statewide for programs that address a wide range of violence prevention efforts, including school-based violence prevention programs. IVPA is increasingly moving towards funding more comprehensive, community-wide, collaborative approaches to violence prevention.	www.ivpa.org/grants.html

WEBSITES/LINKS TO PUBLIC AND PRIVATE FUNDING NOTICES

SOURCE	WEBSITE
Center for Health and Healthcare in Schools DESCRIPTION: Posts daily alerts with information and application deadlines for grant opportunities for school health programs and services.	www.healthinschools.org/grants/alerts.asp
The Finance Project DESCRIPTION: Maintains up-to-date, online tool that enables leaders to search for federal funding sources relevant to their specific needs.	www.financeproject.org/fedfund/
School Grants DESCRIPTION: Includes a collection of resources and information for kindergarten through 12 th grade educators about how to apply for and obtain grants designed for a variety of school-related projects	www.schoolgrants.org/
GrantsAlert DESCRIPTION: Designed for organizations, schools, districts, consortia and state education agencies to search for grants and funding opportunities.	www.grantsalert.com/
National Center for Mental Health Promotion and Youth Violence Prevention Grant Opportunities DESCRIPTION: Includes current open grant and funding opportunities from federal, state, and private sources.	www.promoteprevent.org/resources/grant_opportunities
The Foundation Center DESCRIPTION: Provides education and training on the grant-seeking process and provides public access to information and services through a website, print and electronic publications, five library/learning centers, and a national network of Cooperating Collections. The Foundation Finder, an online searchable database, has basic information on more than 86,000 grant makers in the U.S.—including private foundations, community foundations, grant making public charities, and corporate giving programs.	www.foundationcenter.org/
Center for Disease Control - Healthy Youth Funding Database DESCRIPTION: The Healthy Youth Funding Database contains active information about funding opportunities for adolescent and school health programs. These funding opportunities are from federal agencies and the private sector. Each funding opportunity is carefully selected based on its relevance to adolescent health, or one or more of the eight components of a Coordinated School Health Program.	apps.nccd.cdc.gov/HYFund/

Appendix C. Tools

The following tools can be used by stakeholders during various stages of development of a school-community partnership. This is not an exhaustive list. The Illinois Children's Mental Health Partnership does not endorse any of the following tools. Rather, the list is provided as reference to be explored by those seeking to develop school-community partnerships. Several tools can be used to better understand the needs and resources available in the school and community in the initial stages of planning and developing a partnership. Other tools may be helpful to assure that structures are in place for coordinating the delivery of effective programs and services. The tools can also be used for ongoing quality improvement to evaluate or monitor the progress of the partnership and improve or expand upon existing programs. Finally, funders may find some of these tools useful for developing requests for proposals (RFPs) or for evaluating applications.

Assessment Tools

(Tools in Assessment section can also be used for Evaluation)

NAME OF TOOL	WHERE TO FIND IT
Community Strengths and Needs Assessment www.communityschools.org/index.php?option=content&task=view&id=29&Itemid=51	Coalition of Community Schools Toolkit
DESCRIPTION: Parent survey aimed at assessing the supply and quality of services in a community, the unmet needs of the community, and the likelihood of participation in new programs. Also asks questions aimed at compiling demographic data.	
School and Family Partnership Surveys DESCRIPTION: Available from the Center on School, Family and Community Partnerships. Surveys for teachers and parents in elementary and middle school grades, and teachers, parents, and students in high schools. The quantitative information collected from the surveys helps parents and schools develop a comprehensive, successful partnership program. A checklist, "Starting Points," is also available to help schools and parent groups develop their partnerships.	www.csos.jhu.edu/p2000/bluelist.htm
Organizational Readiness for Change (ORC) DESCRIPTION: A comprehensive assessment of organizational functioning and readiness for change, the ORC focuses on motivation and personality attributes of program leaders and staff, institutional resources, and organizational climate as an important first step in understanding organizational factors.	Institute of Behavioral Research, Texas Christian University, Fort Worth, TX 76129, USA. w.lehman@tcu.edu www.lbr.tcu.edu/resources/TCU-ORC-AFS.pdf
School Health Index (SHI) DESCRIPTION: The SHI is a self-assessment and planning tool for schools to use to improve their health and safety policies and programs. The SHI is completed by school teams and involves school and community members discussing what the school is already doing to promote good health, identifying its strengths and weaknesses, and developing an ongoing process for monitoring progress.	apps.nccd.cdc.gov/shi/default.aspx
The School Health Policies and Programs Study (SHPPS) – Mental Health and Social Services Questionnaire DESCRIPTION: Developed by Health Schools, Healthy Youth program of the Centers for Disease Control's Division of Adolescent and School Health. The School Health Policies and Programs Study (SHPPS) is a national survey periodically conducted to assess school health policies and programs at the state, district, school, and classroom levels.	www.cdc.gov/HealthyYouth/shpps/index.htm
Self-Assessment Checklist for Personnel Providing Services and Supports to Children with Disabilities & Special Health Needs and their Families Checklist to Facilitate the Development of Linguistic Competence within Primary Health Care Organizations DESCRIPTION: Developed by the National Center for Cultural Competence. Checklists assess attitudes, practices, structures and policies of programs and personnel to plan for and incorporate cultural and linguistic competency within organizations. Checklists can easily be adapted to school or community setting.	www11.georgetown.edu/research/gucchd/nccc/documents/checklist.CSHN.doc.pdf

Strengthening Partnerships: Community School Assessment Checklist.

Prepared by Finance Project
www.financeproject.org/irc/ost.asp
 And the Coalition for Community Schools
 Institute for Educational Leadership
www.communityschools.org

DESCRIPTION: A series of checklists to assist school and community leaders in creating and/or strengthening community school partnerships. The first checklist assesses the development of a school-community partnership. The second checklist takes an inventory of existing programs and services in or connected to your school that support children, youth, families, and other community residents. The third checklist catalogs funding sources that support these programs and services.

Wilder Collaboration Factors Inventory

surveys.wilder.org/public_cfi/index.php?e=a8b72303c1ecb924e0858429e6d85b45

DESCRIPTION: The Wilder Collaboration Factors Inventory surveys twenty factors that influence the success of collaboration. The inventory can be used to assess the likelihood of success before beginning collaborative work or to analyze the strengths and weaknesses of your collaborative venture.

Program Quality Self Assessment Tool

www.tascorp.org/policy_resources/advocacy_partners/nysan

DESCRIPTION: Prepared by the New York State After School Network. This self-assessment tool provides an opportunity for program leaders and key staff, in collaboration with other stakeholders, to utilize a common set of standards to assess, plan, design and execute strategies for ongoing program improvement.

Evaluation Tools

(Tools in Assessment section can also be used for Evaluation)

NAME OF TOOL

WHERE TO FIND IT

Benchmarks for Monitoring and Reviewing Collaborative Progress

Tools from the School *Community Partnerships: A Guide* V-5-6 smhp.psych.ucla.edu/specres.htm

DESCRIPTION: Used to monitor the implementation of evaluation plans. Grid with start and completion dates for and the status of readiness, start-up institutionalization.

Mental Health - Program Evaluation Template (MH-PET)

Prepared by the National Assembly on School Based Health Care (NASBHC)
www.nasbhc.org/EQ/Newsletter/Mental%20Health%20Evaluation%20Template.pdf

DESCRIPTION: Used for assessing and improving the quality of mental health services provided in school based health centers. Measures pre-conditions for a successful program, staff and training, programs and services, coordination, and quality improvement.

School Mental Health Quality Assessment Questionnaire (SMHQAQ)

Developed by the Center for School Mental Health Analysis and Action (CSMHA) as part of a research grant, "Enhancing Quality in Expanded School Mental Health." National Institute of Mental Health, U.S. Department of Health and Human Services.
 Available at csmha.umaryland.edu/

DESCRIPTION: Evaluates clinicians' current practice and progress towards achieving ten principles of best practice in Expanded School Mental Health.

Mapping Tools

NAME OF TOOL

WHERE TO FIND IT

Building Communities From the Inside Out
 John Kretzmann & John McKnight

Center for Urban Affairs and Policy Research.
 Neighborhood Innovations Network
www.sustainable.org/creating/indicators.html
 To order, call (800) 397-2282.

DESCRIPTION: A capacity inventory that looks at the building of an asset-based approach to community development and helps shift people from problem/deficit-oriented approaches to strengths or asset-based strategies.

Community Resource Mapping Inventory

From *Building Sustainability in Demonstration Projects for Children, Youth, and Families* (pp. 23-26) prepared by the Institute for Education Leadership
oijdp.ncjrs.org/resources/files/toolkit2final.pdf

DESCRIPTION: A Planning Tool to identify formal and 'informal' community resources, assess duplication and build comprehensive, sustainable resources.

Who and What Are at the School?

Tools from the *School Community Partnerships: A Guide*
Prepared by School Mental Health Project/Center for Mental
Health in Schools
smhp.psych.ucla.edu/pdfdocs/guides/schoolcomm.pdf p. 1.4

DESCRIPTION: Provides a template to clarify the people and positions at a school that provide services and programs related to mental health and/or school support.

Survey of System Status at a School

Tools from the *School Community Partnerships: A Guide*
p. 1.5-1.7

DESCRIPTION: Helps review how well the systems have been developed and are functioning.

Mapping Matrix for Analyzing School-Community Partnerships
Relevant to Addressing Barriers to Learning and Promoting
Healthy Development

Tools from the *School Community Partnerships: A Guide*
p. 1.8-1.9

DESCRIPTION: Analyzes prevention, early intervention and treatment activities offered as part of school-community partnerships and assessed functioning at the national, state, and local levels.

School-Community Partnerships; Self-Study Surveys

Tools from the *School Community Partnerships: A Guide*
p. 1.11-1.18

DESCRIPTION: These instruments map and analyze the current status of school-community partnerships and can be used for program quality review.

Analysis of Mechanisms for Connecting Resources

Tools from the *School Community Partnerships: A Guide*
p. 1.29

DESCRIPTION: List of questions regarding existing mechanisms in school and community for integrative intervention efforts and how mechanism could strengthen school-community partnerships.

Financing Tools

NAME OF TOOL

WHERE TO FIND IT

Mapping Funding Sources

Resource Mapping and Management to Address Barriers to
Learning: An Intervention for Systemic Change. Center for
Mental Health in Schools at UCLA (2002)
smhp.psych.ucla.edu/qf/funding_qt/

DESCRIPTION: This tool can be used as a guide for identifying the various sources that may be providing funds for programs and services at a school. As existing funding is identified, it can be mapped in a standard budgeting spreadsheet format.

Grant-Writing Tips

www.schoolgrants.org/grant_tips.htm#Grant-Writing%20Tips

DESCRIPTION: Contains tips for writing proposals including a sample letter of proposal, how to write an organizational mission statement, and how to create a grant writing team.

A Self-Assessment and Planning Guide: Developing
a Comprehensive Financing Plan

Research and Training Center for Children's Mental Health
rtckids.fmhi.usf.edu/study03.cfm
University of South Florida
13301 Bruce B. Downs Boulevard
Tampa, FL 33612-3899

DESCRIPTION: Develop a better understanding of what are the critical financing structures and strategies to support system

development, Examine how these strategies operate separately and collectively.

Planning Tools

NAME OF TOOL	WHERE TO FIND IT
Gap Analysis/Build Consensus	Tools from the <i>School Community Partnerships: A Guide</i> p. IV.I-IV.2
DESCRIPTION: Analysis of vision, policy infrastructure, leadership, staff, and resources. Describes process of analyzing scope of gap between vision and current status.	
Action Planning Worksheets	Tools from the <i>School Community Partnerships: A Guide</i> p. IV.3-IV.5
DESCRIPTION: Provides questions and outline for group process to develop objectives, strategies, persons who will carry out strategies, timeline, and possible barriers.	

Group Facilitation Tools

NAME OF TOOL	WHERE TO FIND IT
Planning and Facilitating Effective Meetings	Tools from the <i>School Community Partnerships: A Guide</i> p. III.5
DESCRIPTION: Guidelines for forming a working group, meeting format, promoting positive group dynamics, and problem solving.	
Group Facilitation Skills Self Assessment	www.communityschools.org/index.php?option=content&task=view&id=39&Itemid=61
DESCRIPTION: A self-assessment tool that assists facilitator in assessing which group facilitation tasks are performed successfully and in which tasks coaching would be helpful.	
Ten Things To Do About Resistance	www.nsdcs.org/library/publications/jsd/janas193.cfm From Monica Janas' article, "Shhhhh, The Dragon Is Asleep And Its Name Is Resistance." <i>Journal of Staff Development</i> , Spring 1998 (Vol. 19, No. 3)
DESCRIPTION: Describes types of staff resistance to change, and lists behaviors and actions that can help prevent or minimize staff resistance.	

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